



# MMBA REPRESENTATION PETITION

DO NOT WRITE IN THIS SPACE: Case No.:

Dated Filed:

INSTRUCTIONS: A request for recognition or petition for certification must be filed via the e-PERB portal, unless the employer has adopted local rules providing for an equivalent procedure. (See PERB Regulation 32110.) Proof of service pursuant to PERB Regulation 32140 must accompany the request., Attach additional sheets if more space is required. Proof of support is required as provided by PERB Regulation 32700. Proof of support is provided only to PERB.

<b>1. EMPLOYER</b> (Name, address and telephone number) Name: _____ Address: _____ _____ City, State, Zip: _____ Telephone: (_____) _____ Ext. _____	Employer's agent to be contacted: _____ Title: _____ Address and telephone, if different: Address: _____ City, State Zip: _____ Telephone: (_____) _____ Ext. _____ E-Mail: _____
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**2. TYPE OF PETITION** (Check all that apply)

REQUEST FOR RECOGNITION (RR)  
 PETITION FOR CERTIFICATION (PC)  
 SEVERANCE (Filed as PC)  
 SEVERANCE (Filed as RR)

**3. PROOF OF SUPPORT**

Majority support  
 30% support

**4. DESCRIPTION OF PROPOSED UNIT**

**5. NUMBER OF EMPLOYEES IN PROPOSED UNIT:**

Shall INCLUDE:

  
  

Shall EXCLUDE:

**6. IF A CURRENT MEMORANDUM OF UNDERSTANDING (MOU) EXISTS COVERING ANY EMPLOYEES PETITIONED FOR, INDICATE:**

MOU EFFECTIVE DATE: \_\_\_\_\_

MOU Expiration Date \_\_\_\_\_

NO AGREEMENT IS IN EFFECT

**7. ORGANIZATION(S) RECOGNIZED OR CERTIFIED AS THE EXCLUSIVE REPRESENTATIVE OF OR KNOWN TO HAVE AN INTEREST IN REPRESENTING ANY OF THE EMPLOYEES COVERED BY THIS PETITION:**

Name of Organization	Address	Date of Recognition/ Certification (if any)
_____	_____	_____
_____	_____	_____

**8. PETITIONER** (Name, address and telephone number)

Address: \_\_\_\_\_

\_\_\_\_\_

City, State Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Petitioner's agent to be contacted: \_\_\_\_\_

Title: \_\_\_\_\_

Address and telephone, if different:  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### DECLARATION

I declare that the statements herein are true to the best of my knowledge and belief.

PETITIONER'S AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

(Signature)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Los Angeles Regional Office  
425 W. Broadway, Suite 400  
Glendale, CA 91204  
(818) 551-2822

Sacramento Regional Office  
1031 18th Street  
Sacramento, CA 95811-4124  
(916) 322-3198

San Francisco Regional Office  
1515 Clay Street, Suite 2206  
Oakland, CA 94612-1403  
(510) 622-1016

## NOTICE OF MMBA REPRESENTATION PETITION

PERB CASE NUMBER: \_\_\_\_\_ DATE NOTICE WAS POSTED: \_\_\_\_\_

ON \_\_\_\_\_, THE PETITION INDICATED BELOW WAS FILED WITH THE  
(DATE)  
PUBLIC EMPLOYMENT RELATIONS BOARD BY THE PETITIONER SHOWN ON THE MMBA  
REPRESENTATION PETITION.

PETITION FOR CERTIFICATION

REQUEST FOR RECOGNITION

SEVERANCE REQUEST

THE PETITION IS BASED ON THE CLAIM THAT (CHECK ONE) \_\_\_\_\_ A MAJORITY  
\_\_\_\_\_ AT LEAST 30% OF THE EMPLOYEES IN THE PROPOSED UNIT WISH TO BE  
REPRESENTED BY THE PETITIONER.

SEE THE MMBA REPRESENTATION PETITION FOR THE NAMES, ADDRESSES AND  
TELEPHONE NUMBERS OF THE EMPLOYER, THE INCUMBENT EXCLUSIVE  
REPRESENTATIVE (IF ANY), AND THE PETITIONER.

THIS NOTICE MUST REMAIN POSTED UNTIL: \_\_\_\_\_

BY \_\_\_\_\_  
(SIGNATURE OF EMPLOYER'S AUTHORIZED AGENT)

PERB Regulation 61220 requires that this Notice be conspicuously posted on all employee bulletin boards in each facility of the employer in which members of the proposed unit are employed. The Notice should be posted as soon as possible but in no event later than 10 days following receipt of the petition. The Notice must remain posted for at least 15 workdays. PERB may require electronic posting pursuant to PERB Regulation 32111.